

## DEBIT ORDER FORM – WOLLIES ANIMAL PROJECT



### PERSONAL INFORMATION:

NAME:	
SURNAME:	
E-MAIL ADDRESS:	
TELEPHONE NUMBER:	
MOBILE NUMBER:	
PHYSICAL ADDRESS:	
POSTAL ADDRESS:	

### YOUR BANK ACCOUNT INFORMATION:

BANK:	
BRANCH:	
BRANCH CODE:	
ACCOUNT TYPE:	
ACCOUNT HOLDER:	
ACCOUNT NUMBER:	
DEBIT ORDER AMOUNT PER MONTH:	
MONTH OF FIRST PAYMENT:	
DEBIT ORDER DATE:	

I, \_\_\_\_\_ (insert name) hereby authorise Wollies Animal Project to debit my abovementioned bank account monthly.

I acknowledge that I may cancel this authorisation by giving Wollies Animal Project 30 (thirty) calendar days' notice in writing. I understand that I shall not be entitled to any refund of amounts which were withdrawn / processed whilst this authorisation was in force.

Signed at \_\_\_\_\_ on this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of account holder

❖ Contact us on:

Office: 079 916 4602

Cilla 083 339 1692

Sandra 082 808 2412

Carla 071 266 3620

❖ Check out our facebook page:

[www.facebook.com/wolliesanimalproject](http://www.facebook.com/wolliesanimalproject)

❖ E-mail us on:

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❖ Check out our website at

[www.wollies.org](http://www.wollies.org)

*Thank you for making a difference!*